

Prepared by and returned to:  
O'Brien Law Firm, LLC  
1630 Goodman Road East, Suite 5  
Southaven, MS 38671  
(662) 349-3339  
File No. 20050348

MARGARET C. SEGARS

Grantor

TO

WARRANTY DEED

RUHEA LYNN WELLS, AN UNMARRIED WOMAN

Grantees

For and in consideration of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, the undersigned, MARGARET C. SEGARS does hereby sell, convey and warrant unto RUHEA LYNN WELLS, AN UNMARRIED WOMAN the following described real property located and situated in DeSoto County, Mississippi, and more particularly described as follows, to-wit:

Lot 70, Section B, Ross Point PUD, in Section 2, Township 2 South, Range 8 West, City of Southaven, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 54, Pages 8-9, in the office of the Chancery Clerk of DeSoto County, Mississippi.

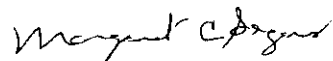
By way of explanation Bryan H. Segars departed this life on 3.3.2004. See Attached Death Certificate as Exhibit A.

The warranty in this deed is subject to restrictive covenants and utility easements shown on plat of said subdivision, subdivision and zoning regulations in effect in DeSoto County, Mississippi, rights of ways and easements for public roads and public utilities and all applicable building restrictions and easements of record, Health Department regulations in effect in DeSoto County, Mississippi, and any prior reservation of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel, in, on and under the aforescribed real property.

Possession will be given upon delivery of this deed.

Taxes for the year 2005 will be prorated between the Grantor and Grantee.

WITNESS THE SIGNATURE of the Grantor this the 27th day of July, 2005.



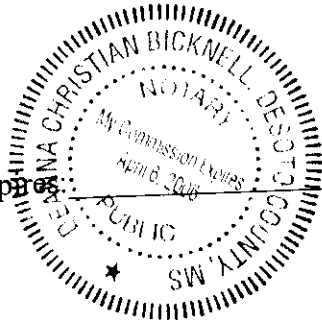
MARGARET C. SEGARS

After Recording Return To:  
Baskin, McCarroll, McCaskill & Campbell PA  
PO Box 190  
Southaven, MS 38671  
(662) 349-0664  
File No: 805246 Initials: JBM

STATE OF MISSISSIPPI  
COUNTY OF DE SOTO

Personally appeared before me, the undersigned authority in and for the said County and State aforesaid, on this 27th day of July, 2005, within my jurisdiction, the within named, MARGARET C. SEGARS who acknowledged that he/she/they executed the above instrument for the purposes described therein.

My commission expires \_\_\_\_\_



Christina Bicknell  
Notary Public

Grantor's Address

7193 Atterbury Circle W.  
Southaven, MS 38671  
Home: (662) 536-4022  
Work: N/A

Grantee's Address

1188 Payton Drive N.  
Southaven, MS 38671  
Home: 901-647-8621  
Work: 662-349-0664

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDSCERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER

123-04-005438

TYPE OR PRINT  
IN BLACK INKFILING  
DATE MAR 22 2004

DECEASED

1. NAME First Middle Last <b>Bryan H. Segars</b>		2. SEX <b>Male</b>		3a. HOUR OF DEATH <b>5:25P</b>		3b. DATE OF DEATH (Month, Day, Year) <b>March 3, 2004</b>	
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>		5a. AGE AT LAST BIRTHDAY <b>75</b>		5b. MOS <b>75</b>		5c. DAYS <b>75</b>	
6. DATE OF BIRTH (Month, Day, Year) <b>Oct. 30, 1928</b>		7a. COUNTY OF DEATH <b>Desoto</b>		7b. CITY OR TOWN OF DEATH <b>Horn Lake</b>		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) <b>Landmark of Desoto NH</b>	
8. DECEASED'S EDUCATION (Specify only highest grade completed) <b>High School</b>		9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		10. SURVIVING SPOUSE (If wife, give maiden name) <b>Margaret Irvin</b>		11. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>	
12. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>		13. SOCIAL SECURITY NUMBER <b>413-30-3825</b>		14. USUAL OCCUPATION (Kind of work done, most of working life) <b>Pressman</b>		15. KIND OF BUSINESS OR INDUSTRY <b>Printing Co.</b>	
16a. RESIDENCE—STATE <b>MS</b>		16b. COUNTY <b>Desoto</b>		16c. CITY OR TOWN <b>Horn Lake</b>		16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	
16e. STREET AND NUMBER OR RURAL LOCATION <b>3068 Nail Rd. West</b>		17. FATHER—NAME First Middle Last <b>Ernest M. Segars</b>		18. MOTHER—NAME First Middle Maiden <b>Iva Lockwood</b>			
19a. INFORMANT—NAME (Type or print) <b>Margaret Segars</b>		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1188 Payton Dr. N., Southaven, MS 38671</b>		20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		20b. CEMETERY, CREMATORY—NAME <b>Forest Hill South</b>	
20c. LOCATION (City and State) <b>Memphis, TN</b>		21a. EMBALMER—SIGNATURE AND NUMBER <b>Bradley Shook 5655</b>		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>Forest Hill South 920</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>2545 E. Holmes Rd., Memphis, TN 38118</b>	
22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Eve Sprouse, R.N.</b>		22b. PRONOUNCED DEAD (Month, Day, Year) <b>March 3, 2004</b>		22c. PRONOUNCED DEAD (Hour, Minute) <b>6:15P</b>		23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>	
23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>		24a. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. <b>Cancer Of Lungs &amp; Bone</b>		24b. DATE SIGNED (Month, Day, Year) <b>March 8, 2004</b>		24c. STATE LICENSE NUMBER <b>Desoto CMEI</b>	
24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. SIGNATURE <b>Jeffery Pounders</b>		24f. TITLE <b>Desoto CMEI</b>		24g. DATE SIGNED (Month, Day, Year) <b>March 8, 2004</b>	
25. PART I: DEATH CAUSED BY: (a) IMMEDIATE CAUSE (Enter one cause only): <b>Cancer Of Lungs &amp; Bone</b> (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) <b>No</b>		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>Yes</b>	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		29h. STREET OR ROUTE NUMBER	
29i. CITY OR TOWN		29j. STATE		29k. STREET OR ROUTE NUMBER		29l. CITY OR TOWN	
29m. STATE		29n. STREET OR ROUTE NUMBER		29o. CITY OR TOWN		29p. STATE	

THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

EXHIBIT

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WARNING:

REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT

Judy Moulder  
STATE REGISTRAR

MAR 22 2004

